

## **Anesthesia Consent Information**

Operations, tests and treatments that may be painful are often performed under anesthesia. Several types of anesthesia described below are available which can be used alone or in combination to meet your needs. Possible risks and complications will also be discussed.

**1. GENERAL ANESTHESIA:** General anesthesia causes a deep sleep state. You are not awake or aware of the surgery. If general anesthesia is planned for you an intravenous (IV) line is started in a vein. Then a fast-acting sleep inducing medication is usually injected into the vein. Other medications are usually given to maintain this state of deep sleep for the rest of the procedure. You remain unconscious and pain cannot be felt. Anesthetic gases and oxygen may be given through a mask. Often special airways or tubes are inserted into your mouth or trachea to provide these agents. Usually these devices are inserted after you are asleep and you are not aware of their use. Occasionally, in complicated surgeries the airway tube may be left in for a period of time after surgery to allow for breathing help in an intensive care situation. These tubes can irritate the throat when you wake up. During the procedure, the anesthesiologist constantly monitors your vital signs and gives you drugs and IV fluids as needed.

**2. MONITORED ANESTHESIA CARE WITH LOCAL OR REGIONAL ANESTHESIA:** Sometimes general anesthesia is not needed. In these cases you will be given an injection of local anesthesia in the area of the surgery and only that area will be numbed. This means you will remain awake and responsive but should not feel any pain. Many times you will also be given some sedative drugs that will make you comfortable and sleepy. They may also cause you to forget parts of the procedure. These drugs usually wear off rapidly.

**3. LOCAL ANESTHESIA** is used to block pain at the actual surgical site.

**4. REGIONAL ANESTHESIA** is used to block pain at the surgical site and surrounding area. The most frequently used types are explained below.

**a. SPINAL OR EPIDURAL ANESTHESIA:** With these types of regional anesthesia, surgery can be performed on the abdomen, the lower back, the genital region and the legs by blocking the nerves leading from the spinal cord to the surgical site. The anesthesia can be given as one injection or a thin flexible tube can be placed if repeated administration is needed.

Spinal anesthesia is given by placing a needle through a numbed area in your lower back. The needle is inserted into the fluid – filled space surrounding the nerves below the spinal cord and local anesthesia is injected through the needle into the space. The anesthesia takes effect within a few minutes and pain below the waist or lower abdomen is blocked.

Epidural anesthesia is performed by inserting a needle into the space just outside the membrane covering the nerves below the spinal cord. A thin flexible tube is then passed through it and local anesthetic is injected through the tube. The anesthesia generally takes in 5-15 minutes.

The tube can be left in place so that anesthesia can be given as needed.



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### **b. MAJOR REGIONAL NERVE BLOCKS:**

Major Nerve Blocks are done by injecting local anesthetic is injected around the various major nerves of the body depending upon the surgery site:

Interscalene block – numb the nerves going to the shoulder

Supraclavicular block – numb the nerves going to the arm/forearm

Femoral/sciatic block – numb the nerves going to the thigh, knee and leg

Fascia Iliaca – numb nerves going to the hip

TAP block – numb nerves going to the belly

Most if not all the blocks are done with little to no pain, but some patients do experience discomfort when the local anesthetic is actually injected.

### **c. INTRAVENOUS REGIONAL BLOCK**

This type of regional anesthesia can be used for hand or lower arm surgeries. A tourniquet is placed on the upper arm. Then the blood is squeezed out of the arm by wrapping an elastic bandage around it and the tourniquet is inflated. A local anesthetic solution is injected into a vein and the surgical site usually becomes numb within five minutes. At the end of the surgery the cuff is deflated and normal feeling returns.

## **5. SPECIAL INVASIVE MONITORING**

Your anesthesiologist or surgeon may request an invasive line to provide additional IV access. A central venous pressure line is usually placed in the neck or near the collarbone. This venous line may cause the lung on that side of the chest to partially collapse requiring a chest tube to correct the problem. Infection or thrombosis in the vein may also occur, as well as bleeding into the lung.

An arterial line is needed to provide instant internal blood pressure readings. It is usually placed in the in the wrist. The artery is punctured and a tiny flexible tube remains in the artery. Infection or thrombosis may occur. There may be a possible decrease of blood flow to part of the hand or arm and this complication is rare. Possible temporary nerve numbness can occur while the arterial line is being placed.

## **6. GENERAL RISK OF ANESTHESIA INCLUDE:**

- Bruises and infections that occur when IV's, needles and catheters are placed.
- Blood clots that may form may block blood vessels and cause injury to organs due to poor blood supply.
- Irritation, swelling and infection of punctured blood vessels.
- Pins and needles feeling at the puncture site caused by unavoidable injury to skin nerves.
- Difficulty swallowing, hoarseness, an injury to vocal cords that can be caused by placement of the breathing tube. Injuries to teeth and dental work may occur during placement of breathing tube.
- Nausea and vomiting. Food or liquids from the stomach could enter the lungs and cause pneumonia. This risk is increased if the patient has not followed instructions not to eat or drink before the anesthesia.

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- Skin rash, itching or other mild allergic reactions.
- Severe allergic reactions to the anesthesia or other medications used occur very rarely. Such reactions can lead to shock, heart or breathing failure and sudden, very high fever with muscle spasms.
- Injury to nerves, spinal cord, eyes and other body parts may occur when patient is placed in certain required positions for surgery ( i.e. robotic & spine surgery) for prolonged period of time.
- Blindness/ visual disturbances may also occur on extremely rare instances with cardiac and orthopedic surgeries.

### **7. SPECIFIC RISKS RELATED TO GENERAL ANESTHESIA:**

- Heart and breathing failure and loss of blood pressure with subsequent loss of function of vital organs, particularly the brain, occur extremely rarely. These problems can be caused by narcotics or other medications used.  
Death is a remote risk in these cases.
- Awareness under anesthesia in another extremely uncommon occurrence.
- Possible loss of pregnancy, possible detrimental effects to fetus.

### **8. SPECIFIC RISKS RELATED TO REGIONAL ANESTHESIA:**

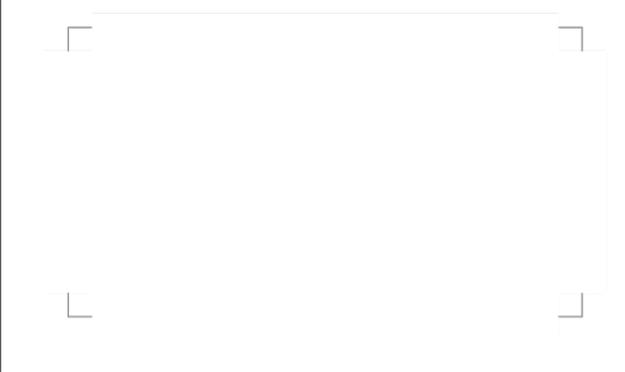
#### **a. FOR SPINAL/EPIDURAL:**

- Temporary low blood pressure can occur and can last for several days. Sometimes medications and/or fluids are needed to counteract these blood pressure changes.
- Rarely, a specific kind of positional headache can be caused by a spinal or epidural anesthesia.
- In some cases a headache can occur and last several days. If symptoms are severe, medications or a small amount of your own blood may be injected into the spinal epidural space to relieve this headache, otherwise, it will resolve on its own.
- “Total Spinal” with the anesthetic level going too high is an extremely rare complication.
- Urine retention can occur, as well as temporary problems with impotence.
- Extremely rare risks include nerve damage and permanent weakness due to injury to the spinal cord, and its nerves from bleeding or blood clots.

#### **b. FOR REGIONAL NERVE BLOCKS:**

- Feeling of warmth and heavy feeling as well as tingling or dragging feeling may occur in the arms, legs in local and regional anesthesia.
- Nerve damage during regional nerve blocks can occur in rare cases, resulting in loss of function (either temporary or long term), pain upon injection, and loss of muscle strength in the blocked region (usually temporary but can be long term in case of nerve damage).
- These injuries can be caused by the injection needle or be the result of bruising of nerve or from local anesthetic used itself.
- Heart failure, loss of blood pressure, or seizures occur very rarely from injection of local anesthetic into a misplaced blood vessel. Death is a remote risk in such cases.

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**c. FOR IV REGIONAL ANESTHESIA**

- Damage to nerves and soft tissue can occur from the pressure used to stop blood flow in the arm during IV regional anesthesia.
- Heart failure, loss of blood pressure, or seizures occur if spread of medication is too rapid or extensive after tourniquet release.

**PATIENT’S STATEMENT OF ANESTHESIA CONSENT**

I have read and understood the Anesthesia Consent information Document. I understand the reason for the anesthesia and the nature and purpose of it. I understand the general benefits and risks of anesthesia. Based on the clinical findings in my case and the information I have provided, the anesthesiologist has described the specific benefits and risks of the anesthesia in my case. His description also included a discussion of any alternatives to the recommended form of anesthesia and the potential benefits and possible risks linked to these options. The anesthesiologist has described to me the probable consequences of refusing the recommended form of anesthesia or any alternatives to it. I am satisfied that the anesthesiologist has answered any questions I had about the anesthesia and that I have been given enough information to make a decision.

I am aware the my anesthesiologist is an independent medical practitioner and not an employee or agent of the hospital. Should litigation arise, I agree to use board-certified expert witnesses from the American Board of Medical Specialties who would follow the guidelines defined for expert witnesses by the American Board of Anesthesiology.

**I hereby consent to the recommended form of Anesthesia.**

Date \_\_\_\_\_ Time \_\_\_\_\_ Patient’s signature \_\_\_\_\_

If signed by other than patient indicate relationship \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Anesthesiologist Signature \_\_\_\_\_